

Parent Information

Dear Parent,

We invite you to share with us some important information about you and your child so that we may be prepared to teach her/him in the best way. Please include any concerns that you might have about your child so that we may begin working together to further your child's growth. Thank you in advance for your input and help.

Child's Name: _____

Child's Birthday: _____

Mother's Name: _____

Father's Name: _____

Home Address: _____

Home Phone: _____

Mother's Occupation: _____ Cell Phone: _____

Father's Occupation: _____ Cell Phone: _____

What is the best time to call you? _____

Can you drive on field trips? _____ Best Days _____

Does your child have allergies or asthma? Yes No

If yes, please fill out the allergy/ asthma procedure form.

See Back of Form

Child's Likes: _____

Child's Dislikes: _____

Special words used for toileting needs: _____

What is your child's normal bedtime? _____

How long does your child usually sleep at night? _____

Does your child eat breakfast? _____

How do you wish to be involved in your child's school experience
this year? _____

Please specify any interests, hobbies, special knowledge that you
are able to bring to the classroom. _____

FEEL FREE TO ADD INFORMATION ON THE BOTTOM OF THIS
SHEET